

Application for Continuing Education Course/Provider Approval

▶ **TWO COMPLETE COPIES of this application and supporting documentation are required** before your request for continuing education provider and/or course approval will be considered.

▶ **Application must be properly completed and accompanied by all fees, payment card and supporting documentation.** Complete a separate application for each course.

Part 1-Choose approval type (only one) and enter all requested information☐ **Initial Provider Approval**

Complete **all** 3 parts. Providers must submit at least one (1) course (minimum 1 credit hour) for approval on this application. Provider number will be assigned upon approval of course.

☐ **Additional Course Approval**

(provider is already approved in Michigan)
Enter your Michigan provider number, and complete **all** 3 parts.

▶ Please enter your 4-digit Michigan Provider Number

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Provider name and complete address

Provider is what kind of organization?

- ☐ Insurer ☐ Agency ☐ Publishing company
☐ Association ☐ Individual ☐ Educational institution
☐ Other (please describe):

Contact person name, daytime telephone number and EMail address

Provider Federal Employer I.D. No. (Social Security No. if individual provider)

☐ Please check this box if any of your provider information has changed since your last filing.

Part 2-Course ApprovalCourse name (may **not** be more than 35 characters including spaces)**Has another provider received MI approval for this course?**

☐ Yes ☐ No

If yes, give Michigan course name and number assigned, and name of provider who received original course approval:

Is this a one-time course offering?

☐ Yes ☐ No

If yes, what is the date of the course offering? _____

Is this a revision or similar to an existing course?

☐ Yes ☐ No

If yes, please enter previous course number: _____

NUMBER OF CREDIT HOURS REQUESTED FOR THIS COURSE: (in whole numbers only)

▶

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Method of instruction (select one)

- ☐ Classroom, seminar or monitored teleconference
☐ Correspondence, self-study or computer based
☐ Conference with concurrent sessions
☐ Other (describe)

Is course offered to all persons in the industry?

☐ Yes ☐ No

If yes, attach sample promotional materials to this application

Is this course preparation for a national exam/professional designation?

☐ Yes ☐ No

Course Concentration (select all that apply)

- ☐ Life ☐ Health ☐ Property/Casualty

Successful completion is determined by: (select all that apply)

- ☐ Final exam ☐ Attendance monitored

Visit OFIS on the Web at:
www.michigan.gov/ofis



Michigan Department of Consumer & Industry Services
"Serving Michigan... Serving You"



Phone OFIS toll-free at:
1-877-999-6442

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

PROMISSOR USE ONLY

Date assigned to evaluator

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Type: ☐ Life
☐ P & C ☐ Health

Fee

Received date

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Date returned

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Date application rec'd

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Application Status

☐ RJ ☐ DC ☐ DI

Assign course #

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☐ Approved
☐ Disapproved

credit hours

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Date notified

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Part 2-Course Approval (continued) complete each section below as instructed**Course Topics** (select all major topics applicable to course)☐ **Fundamentals/principles of insurance**

Definitions, legal principles in insurance, elements of the insurance contract, types of policies, industry structure

☐ **Ethics in insurance**☐ **Legal, legislative, regulatory matters**☐ **Provisions/differences in insurance contracts**

Policy analysis, policy comparisons

☐ **Accounting/actuarial considerations in insurance**

Rating techniques/factors, underwriting considerations, self-insurance funds

☐ **Principles of risk management**

Risk control techniques, risk financing mechanisms, risk identification/evaluation, self-insurance funds

☐ **Estate planning/taxation related to insurance**

Probate court issues, update on tax issues

☐ **Claims/underwriting**☐ **Agency management**☐ **Other** (describe)**Has course been *disapproved* in other states?**☐ Yes☐ No

Enter the 2 letter state abbreviations of all states that disapproved this course:

Student materials are:

(select each that applies and complete table below)

☐ Instructor prepared outlines☐ Published materials

Title (attach additional sheet if needed)	No. of pages	Copyright date	Editor/Author	Publisher

SELF STUDY PROGRAMS ONLY complete this section

Type of Self-Study (select all that apply)

☐ Audio tape☐ Teleconference☐ Computer based☐ Other (describe below)☐ Text/workbook☐ Videotape☐ Internet

(Include table of contents with page allocations)

For each item that applies, enter the *NUMBER* of:Pages of text *excluding* appendices, glossary, indexes and exams:

Computer screens:

Minutes of tape or computer time:

Minutes in classroom or teleconference:

From purchase, days students have to complete materials:

Describe or attach test security procedures (Do NOT send exams)

CLASSROOM/SEMINAR PROGRAMS ONLY complete this section

Describe or attach method used to verify attendance:

Describe or attach instructor criteria:
(Do NOT include individual biography or resume)**CLASS TIME** in minutes:
(net EXCLUDES introduction, breaks, meals and subjects not directly related to course)TOTAL
class timeNET
class time**Part 3-Certification (required for all applications)**


I certify that I have read the Continuing Education Provider and Course Application Package. I certify that this application with supporting documentation is complete and correct.


Signature

Date signed

Signer's name and title (type or print)

Checklist and Payment Card for Continuing Education Course/Provider

 **Complete payment card and detach.** Paperclip card and check to the front of your completed application.

 **Include TWO COPIES of application and supporting documentation.** Enclose payment and **ONE Payment Card**, properly completed. We cannot process your application without these items.

ALL APPLICATIONS for COURSE APPROVAL must include ONE ORIGINAL AND ONE COMPLETE COPY of the following:

- ☐ Properly completed and signed Form FIS 0406 Application for Continuing Education Course/Provider Approval
 - ☐ Sample of Certificate of Completion
 - ☐ Summary of course purpose/objectives
 - ☐ Table of Contents with page allocations for self-study programs
 - ☐ Content outline with time allocated to each detailed segment
 - ☐ Sample promotional materials
 - ☐ Bibliography
 - ☐ Instructor criteria for classroom
 - ☐ Test security procedures for self-study
- ☐ One (1) Payment Card (cut from the bottom of this sheet) *properly completed* and accompanied by check for total amount of fees due (*see examples at right*)

MULTIPLE COURSES: USE ONE PAYMENT CARD AND WRITE ONE CHECK FOR ALL APPLICATIONS ENCLOSED.

Use this address for your application filing and all Continuing Education correspondence:

**Promissor-Michigan CE
P.O. Box 8588
Philadelphia, PA 19101-8588**

Failure to use this address will delay processing of your application

PAYMENT CARD EXAMPLES:

Example 1- Initial provider application (provider has not been approved in Michigan yet). Provider in this example is submitting one course for approval.

Quantity	Fee	Fee Amount	Extension
1	Provider authorization fee One time fee for each provider	\$500.00	500.00
1	Course filing fee Non-refundable fee for each course	\$25.00	25.00
EXAMPLE AMOUNT DUE			\$ 525.00

Example 2- Application for 8 new courses (provider is approved in Michigan). Provider must include 8 separate FIS 0406 Application for Continuing Ed. Course/Provider forms (one for each course).

Quantity	Fee	Fee Amount	Extension
0	Provider authorization fee One time fee for each provider	\$500.00	0
8	Course filing fee Non-refundable fee for each course	\$25.00	200.00
EXAMPLE AMOUNT DUE			\$ 200.00

Please cut here. Keep top checklist for your records. Complete and return payment card with application and payment.

FIS 0407 (11/02) Send directly to: **Promissor - Michigan CE PO Box 8588 Philadelphia PA 19101-8588**

Payment Card for Continuing Education Provider/Course

Please complete and include this card so we can process your application without delay.

Continuing Education Provider Name

81-15

Federal Emp. I.D. No. (SSN if individual) Use same number entered on your application

Make check payable to: Promissor

Quantity	Fee	Fee Amount	Extension
	Provider authorization fee One time fee for each provider	\$500.00	
	Course filing fee Non-refundable fee for each course	\$25.00	
TOTAL AMOUNT DUE Enclose check or money order payable in US Dollars. Do not send cash.			\$

Please do not write below this point, or on back of card. Doing so could delay processing.